

West Virginia Meaningful Use Registration System Instructions

To register, go to:

<http://www.wvdhhr.org/bph/oeps/murs/login.cfm>

Click on “Need to register an account?”



West Virginia DHHR / Bureau for Public Health Meaningful Use Registration System



Username

Password

[Need to register an account?](#)


[Forgot your password?](#)

Login


All content ©2014, [West Virginia Department of Health & Human Resources](#), Bureau for Public Health, Office of Epidemiology & Prevention Services

<http://www.wvdhhr.org/bph/oeps/murs/register.cfm>

Enter **e-mail** and your choice of **password**. A strong password has numbers, capital and lower-case letters, and is at least 8 characters long.



West Virginia DHHR / Bureau for Public Health Meaningful Use Registration System



E-Mail Address

Repeat E-Mail Address

Password

Repeat Password

Login

All content ©2014, [West Virginia Department of Health & Human Resources, Bureau for Public Health, Office of Epidemiology & Prevention Services](#)



West Virginia DHHR / Bureau for Public Health Meaningful Use Registration System



Your registration has been processed. Check the e-mail you used to register for your verification link.

All content ©2014, [West Virginia Department of Health & Human Resources](#), [Bureau for Public Health](#), [Office of Epidemiology & Prevention Services](#)

The system will generate a confirmation e-mail.

Go to your e-mail, click on the link.

Log in and click on “New Registration”.

Revised on 2/24/2014



West Virginia DHHR / Bureau for Public Health Meaningful Use Registration System



[Home](#) [Change Password](#) [Logout](#)

Target <input type="text" value="Cancer"/>			Registration Type <input checked="" type="radio"/> Facility <input type="radio"/> Provider		
Registrant Information		Primary Contact		Technical Contact	
Name <input type="text"/>		Primary Contact Name <input type="text"/>		Primary Technical Contact Name <input type="text"/>	
Address <input type="text"/>		Primary Contact Phone <input type="text"/>		Primary Technical Contact E-Mail <input type="text"/>	
City <input type="text"/>		Primary Contact Fax <input type="text"/>		Primary Technical Contact Phone <input type="text"/>	
County <input type="text"/>		Primary Contact E-Mail <input type="text"/>			
State <input type="text" value="Alabama"/>					
Zip Code <input type="text"/>					

[Next Page](#)

All content ©2014, [West Virginia Department of Health & Human Resources, Bureau for Public Health, Office of Epidemiology & Prevention Services](#)

In **Target**, choose “Immunization”, “Cancer”, “ELR”, or “Syndromic Surveillance”.

In **Registration Type**, choose Facility or Provider.

REGISTRANT INFORMATION

In **Name**, enter the name of the facility (if you chose facility above) or provider. For example, “Charleston Pediatrics” or “Dr. Ramona Sparks”. This should not be the name of the person filling out the form.

Address is the street address.

City is City.

County is County.

State is West Virginia.

Zip Code is 5-digit zip.


PRIMARY CONTACT

This is the name of the person to whom communications should be directed which may be the office manager, head nurse, or physician, etc.


Revised on 2/24/2014

TECHNICAL CONTACT

In many instances, this will be the same as Primary Contact, if that person also is in charge of EHR. However, this may also be an IT Consultant, EHR sales or technical representative, or IT internal staff. This individual should have technical skills to configure the data transport route, transmit test files, etc.



West Virginia DHHR / Bureau for Public Health
Meaningful Use Registration System



[Home](#) [Change Password](#) [Logout](#)

Target
Immunization

Registration Type
☒ Facility
☐ Provider

Registrant Information

Name
ProviderName

Address
85 Oakwood Rd.

City
Charleston

County
Kanawha

State
West Virginia

Zip Code
25314

Primary Contact

Primary Contact Name
Joe Provider

Primary Contact Phone
(304) 555-1212

Primary Contact Fax

Primary Contact E-Mail
christopherprecht@gmail.com

Technical Contact

Primary Technical Contact Name
C Precht

Primary Technical Contact E-Mail
christopherprecht@gmail.com

Primary Technical Contact Phone
304356-4057

Next Page

All content ©2014, [West Virginia Department of Health & Human Resources, Bureau for Public Health, Office of Epidemiology & Prevention Services](#)

Click "Next Page".

Revised on 2/24/2014



West Virginia DHHR / Bureau for Public Health Meaningful Use Registration System



[Home](#) [Change Password](#) [Logout](#)

Provider Type <input type="text" value="Critical Access Hospital"/>	Number of Facilities <input type="text"/>	EHR Vendor <input type="text"/>
National Provider Identifier <input type="text"/>	Meaningful Use Stage You're Attesting For <input type="text" value="Stage 1"/>	EHR Product & Version <input type="text"/>
Facility/Site ID <input type="text"/>	Meaningful Use Reporting Period <input type="text"/>	ONC Certified EHR Number <input type="text"/>
HIE Affiliation (West Virginia Health Information Network) <input type="text"/>	Incentive Program Enrolled <input type="text" value="Both"/>	HL7 Version Number <input type="text"/>
		<input type="checkbox"/> Current Data Use Agreement/Trading Partner Agreement?
		Current Submission Method <input type="text" value="Hand Key"/>

[Previous Page](#) [Submit](#)

All content ©2014, [West Virginia Department of Health & Human Resources, Bureau for Public Health, Office of Epidemiology & Prevention Services](#)

Provider Type: In the drop-down box, choose Eligible Professional, Eligible Hospital, or Critical Access Hospital.

National Provider Identifier: Meaningful Use attestation is tracked by the National Provider Identifier (NPI). The NPI number is used to link attestation information with the public health testing information for auditing purposes. If you are enrolling as an individual provider, please provide your National Provider Identifier number. If you are enrolling as a Group Practice and have a Group National Provider Identifier Number, provide that number.

Facility/Site ID: If you are registering for Immunization, this ID is provided by the WV Immunization Registry (WVSIIS). If you do not currently report immunizations, one will not have been assigned yet, and you may leave this field blank. If you are registering for Cancer, ELR, or Syndromic Surveillance, you may also leave this field blank.

HIE Affiliation: It is helpful to know if the provider belongs to a Health Information Network (HIE) in the event that the HIE is serving as the transport mechanism. The public health program can work directly with the HIE on transport issues.

Number of Facilities: Example: 1, 2, etc.

Meaningful Use Stage: Stage 1 or Stage 2

Meaningful Use Reporting Period: If you are enrolling for Stage 1, your reporting period will be the entire calendar year. If you are enrolling for Stage 2, you should enter the 90-day reporting period that you have chosen for 2014. The date format is mm/dd/yyyy format.

Incentive Program Enrolled: Medicare, Medicaid, or Both.

EHR Vendor: Provide your current EHR vendor name (example: Allscripts).

EHR Product & Version: (Example: Allscripts Enterprise EHR version 11.4.1)

ONC Certified EEHR Number: (example: 11212013-1892-1)

Check here: <http://oncchpl.force.com/ehrcert?q=chpl>

HL7 Version Number: For Immunization, ELR and syndromic surveillance reporting, this should be HL7 version 2.5.1. For Cancer, you may leave this field blank.

Checkbox: Current Data Use Agreement/Trading Partner. Record whether or not you have a Data Use Agreement or Trading Partner Agreement currently in place for the activity you have selected. For example, if you currently report data to the West Virginia Cancer Registry and have a specific Data Use Agreement in place, check this box. Otherwise, leave it blank.

Current Submission Method: In the drop-down box, choose hand key, not submitting, or upload flat file. This is helpful to determine if the provider needs to complete any user/data use agreements and provides the current status of the provider's reporting. If you currently do not report under the activity for which you are registering, or you are not sure, select "Not Submitting."

IMPORTANT: After completing all information, click the "Submit" button!



West Virginia DHHR / Bureau for Public Health Meaningful Use Registration System



[Home](#) [Change Password](#) [Logout](#)

Provider Type <input type="text" value="Eligible Professional"/>	Number of Facilities <input type="text" value="1"/>	EHR Vendor <input type="text" value="PracticeFusion"/>
National Provider Identifier <input type="text" value="someNum"/>	Meaningful Use Stage You're Attesting For <input type="text" value="Stage 2"/>	EHR Product & Version <input type="text" value="Not Sure"/>
Facility/Site ID <input type="text" value="SIISCLIENTFAUX"/>	Meaningful Use Reporting Period <input type="text" value=""/> <input type="text" value=""/>	ONC Certified EHR Number <input type="text" value="Not Sure"/>
HIE Affiliation (West Virginia Health Information Network) <input type="text" value="Not sure"/>	Incentive Program Enrolled <input type="text" value="Medicare"/>	HL7 Version Number <input type="text" value="2.5.1"/>
		<input type="checkbox"/> Current Data Use Agreement/Trading Partner Agreement?
		Current Submission Method <input type="text" value="Not Submitting"/>
<input type="button" value="Previous Page"/>		<input type="button" value="Submit"/>

All content ©2014, [West Virginia Department of Health & Human Resources, Bureau for Public Health, Office of Epidemiology & Prevention Services](#)



West Virginia DHHR / Bureau for Public Health Meaningful Use Registration System



[Home](#) [New Registration](#) [Clone Existing Registration](#) [Change Password](#) [Logout](#)

Registrant Name	Target	Date Submitted	Status
ProviderName	Immunization	1/22/2014	In Review - 01/22/2014

All content ©2014, [West Virginia Department of Health & Human Resources, Bureau for Public Health, Office of Epidemiology & Prevention Services](#)

As shown above, you should see a screen with the name of the facility/provider listed and the target you selected (“Immunization”, “Cancer”, “ELR”, or “Syndromic Surveillance”), the date submitted, and a status of “In Review”. The Primary Contact will receive an e-mail confirmation that the registration was saved.

You will eventually be contacted by an employee from the program you selected for further instructions.

If you will be reporting under multiple programs (example, Immunization and Cancer), you will need to repeat this process and select the second program.

If you have additional questions, please call the following for assistance:

Immunization / ELR / Syndromic Surveillance - (877) 408-8930
Cancer - (304) 356-4953